



## Community Emergency Response Team (CERT) Training Application

Please Print Clearly:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

CERT volunteers will have a high trust position within the community, which will require a background check before attending the CERT training for the City of McMinnville. A signature below is required in order to process this application.

### **CERTIFICATION AND SIGNATURE**

I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in the application or attached materials, or made in the course of any related employment process may cause forfeiture of my position as a volunteer CERT member.

- I authorize my driving record to be checked.
- I understand and agree to the subject of a criminal history background check.

Signature (must be in ink):

Date:

For more information about the City of McMinnville CERT Program,  
Please contact Doug Cummins by calling (503)437-2341 or by email at  
[cummind@ci.mcminnville.or.us](mailto:cummind@ci.mcminnville.or.us).